

**STATE OF MAINE
JUDICIAL BRANCH**

**GUARDIAN AD LITEM ROSTER APPLICATION
PART A (Subject to Public Disclosure)**

Name: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

Business Telephone: _____ Fax: _____

E-mail: _____

I. EDUCATION, TRAINING, AND EXPERIENCE:

A. GENERAL EDUCATIONAL BACKGROUND

Degree	Institution	Location	Date

B. MAINE PROFESSIONAL LICENSURES

1. ☐ Current valid license to practice law in the state of Maine.

Bar ID #: _____ Date: _____

2. Current valid license to practice as an:

✓	Type:	License #:	Licensing Authority:	Address:	Date:
	LSW				
	LCSW				
	LPC				
	LCPC				
	LMSW				
	LMFT				
	PSYCHOLOGIST				
	PSYCHIATRIST				

3. ☐ A waiver of the licensure or qualification requirement by the Chief Judge. (Please attach a copy of waiver.)

C. OTHER PROFESSIONAL LICENSURES

Type	Licensing Authority & State	Address	Date

D. GUARDIAN AD LITEM AND OTHER TRAINING

Please list your formal GAL training (attach additional sheets if necessary):

Date	Course/Program	Sponsor	Hours
TOTAL HOURS:			

Please list your other relevant training (attach additional sheets if necessary):

Date	Course/program	Sponsor	Hours
TOTAL HOURS:			

II. COURTS IN WHICH YOU ARE WILLING TO WORK

Below is a list of all court locations with a box next to each. If you are willing to accept guardian assignments from a court, place a \checkmark in the box beside the appropriate court location.

Androscoggin County

☐ Lewiston/Auburn

Aroostook County

☐ Caribou
☐ Houlton
☐ Presque Isle
☐ Madawaska
☐ Ft. Kent

Cumberland County

☐ Portland
☐ Bridgton

Franklin County

☐ Farmington

Hancock County

☐ Ellsworth

Kennebec County

☐ Augusta
☐ Waterville

Knox County

☐ Rockland

Lincoln County

☐ Wiscasset

Oxford County

☐ Rumford
☐ South Paris

Penobscot County

☐ Bangor
☐ Lincoln
☐ Millinocket
☐ Newport

Piscataquis County

☐ Dover-Foxcroft

Sagadahoc County

☐ West Bath/Bath

Somerset County

☐ Skowhegan

Waldo County

☐ Belfast

Washington County

☐ Calais
☐ Machias

York County

☐ Biddeford
☐ Springvale
☐ York

III. REFERENCES

Please list two persons, not related to you, who are familiar with the skills you have that will make you a successful Guardian:

Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

IV. BACKGROUND REVIEW AND PROFESSIONAL ETHICS

Have you been convicted of any crime or violation other than a traffic infraction?

☐ Yes ☐ No

Have you been removed, suspended, reprimanded or subject to any other discipline by a licensing board, professional organization, or governmental tribunal?

☐ Yes ☐ No

Have you ever been a party, other than acting as a Guardian ad litem, to a Child Protective case brought pursuant to Title 22 of the Maine Revised Statutes, or to a similar case in any other jurisdiction?

☐ Yes ☐ No

Have you ever been a party, other than acting as a Guardian ad litem, to a Protection from Abuse case brought pursuant to Title 19-A, Chapter 101 of the Maine Revised Statutes, or to a similar case in any other jurisdiction?

☐ Yes ☐ No

(If your answer is yes to any of the four previous questions, please provide full details on a separate sheet, including any information you believe may be helpful to the Chief Judge in evaluating your application.)

Are you a member of any family law professional organization? (e.g. Maine State Bar Association Family Law Section or Child Protection and Juvenile Justice Section, American Academy of Matrimonial Lawyers, Maine Association of Dispute Resolution Professionals, Academy of Family Mediators, American Bar Association Family Law Section, etc.)? If yes, please specify:

V. AFFIRMATIONS, CONDITIONS OF APPLICATION AND RELEASE

I understand that any misrepresentation in my application, including Parts A, B and C may constitute a basis for the rejection of my application or removal of my name from any roster of Guardians ad litem. I understand that if my application is conditionally accepted, the Chief Judge will request Court Security Services of the Administrative Office of the Courts to conduct a background investigation, including, but not limited to, an inquiry of licensing boards I have listed, an inquiry of criminal or motor vehicle arrest and conviction records, and a screening of Department of Human Services protective custody case indices. Additional background reviews may be conducted and the information I have given therein may be verified. I hereby consent and give permission to the Judicial Branch, the Office of the Chief judge, and the Office of Court Security Services to conduct all such reviews.

I affirm that, if rostered, I will comply with the Judicial Branch Code of Conduct, and the Statutes, Rules, Standards of Practice and policies applicable to Guardians ad litem in the Maine courts.

I understand that a copy of part A of this form will be made available to the public if requested. I hereby affirm that the information provided by me on this application form is accurate and complete under penalty of law.

Signature _____ Date _____

PLEASE RETURN THIS APPLICATION TO:

Administrative Office of the Courts

Family Division

171 State House Station

Augusta, Maine 04333-0171

QUESTIONS? CALL (207) 287-7626

**MAINE JUDICIAL BRANCH
BACKGROUND INVESTIGATION INFORMATION**

NAME: _____
First Middle Last

Maiden or previous names used _____

Applicant Information: If selected to work in the Maine Judicial Branch, it is our standard practice to conduct a criminal history background investigation. To start this process, please answer the following question: Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses?

No _____

Yes _____ If yes, please explain: _____

Signature (Interviewer or Applicant) ☐ INTERVIEWER ☐ APPLICANT

BIRTH DATE: ____/____/____ **SOCIAL SECURITY NUMBER:** _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

PRIOR DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

CURRENT ADDRESS:

From _____ To _____

Street City State Zip

PREVIOUS ADDRESS:

(Use back of form to list all addresses within the last ten years)

From _____ To _____

Street City State Zip

By signing this document, I understand that if I am selected to work in the Judicial Branch, a background investigation will be conducted by the Maine Judicial Branch Office of Court Security. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an employee, contractor or volunteer with the Judicial Branch is contingent on the results of this investigation.

I hereby consent to a background investigation and give permission to the Office of Court Security to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Signature (Prospective Employee, Contractor, Volunteer) _____ Date _____

Name of person requesting investigation _____ Office/Location _____ Date _____

Investigation for: ☐ employee ☐ contractor ☐ volunteer

AOC/ohr REV. 05/01/04



John Elias Baldacci
Governor

Brenda Harvey
Commissioner

**MAINE DEPARTMENT OF HEALTH HUMAN SERVICES
INITIAL RELEASE AUTHORIZATION FOR
MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH**

AGENCY ID # : 638

AGENCY NAME: Administrative Office of the Courts-Family Divisio

I, _____, authorize release of confidential information by
(Please print clearly)
the Maine Department of Health and Human Services, Office of Child and Family Services, regarding
whether I have been involved in a substantiated Maine Child Protective Services case.

^{waived}
Enclosed is the \$15.00-fee authorized under P.L. 2003, C. 673, Part W, payable to the Treasurer, State of
Maine.

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case,
another release by me is required before the nature of my involvement will be disclosed to the
agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my
suitability to provide services for children, adults, and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22
§4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been
released.

Agency/Provider to receive this information:

Kirsten Skorpen

Administrative Office of the Courts-Family Divisio

#171 SHS

Augusta, ME 04333

My date of birth: _____
(Confidentiality laws prohibit providing information on individuals
under 18.)

Other names I have been known by, including maiden name.

Signature (subject of records research) Date

Address

This form should be completed by the individual who is the subject of the child protective records research request.

OCFSCP-082
Initial Release Form
Updated 04/05



State of Maine
Department of Health and Human Services
Child Protective Intake, Records Research
221 State Street, State House Station 11
Augusta, Maine 04333-0011
1-800-452-1999 x2

Agency ID#: 638

Brenda Harvey
Commissioner

To: Kirsten Skorpen
Administrative Office of the Courts-Family Divisio
#171 SHS
Augusta, ME 04333

1. Name of subject of child protective records research: _____
2. Date of Birth: _____
3. Other names known by: _____
4. Today's Date: _____

Only the top four lines of this form should be completed by the individual who is the subject of this child protective records research request. This form should accompany the completed Initial Release 082 Form.

You provided us with a release of information signed by the person named above. You requested a child abuse/neglect screening regarding this person. You included the \$15.00 fee per person, payable to the Treasurer, State of Maine.

This search has several limitations. Only allegations of child abuse or neglect that were substantiated are included. Reports or requests for services referred out to other resources are not included. Allegations that were unsubstantiated or indicated are not included. Persons involved in a case with different last names may be missed by the search process. Therefore, a negative response to a search should not be construed as a guarantee that this person has never been involved with Maine Child Protective Services.

Research of our child protective case records file found that:

- ☐ This person was not involved in a substantiated child protection case.
- ☐ Research of our child protective case records found that this person was involved in a substantiated child protection case. Before we can provide information about the nature of this person's involvement, we will need a subsequent release. This must be on the Department's (OCFSCP-084) Secondary Release Form to authorize release of confidential child protective services case records information.
- ☐ The above named person is under 18 years of age. Confidentiality laws prohibit providing information on children under 18.

This information is being provided to you solely for the purpose identified in the signed release and is subject to continuing confidentiality as provided by Maine statutes Title 22 section §4008. Any unlawful dissemination is a class E Crime, punishable by a fine of not more than \$500.00 or by imprisonment for not more than 30 days.

If you have any questions about this information please call 1-800-452-1999 x2.

Sincerely,

Child Protective Intake Unit

OCFSCP-083
Findings Form
Updated 04/05